

South Dakota Board of Nursing

South Dakota Department of Health 4305 S. Louise Avenue Suite 201; Sioux Falls, SD 57106-3115 (605) 362-2760; Fax: 362-2768; www.state.sd.us/doh/nursing

Medication Administration Training Program for Unlicensed Assistive Personnel **Application for** *Re-Approval* **of Training Program**

Medication administration may be delegated only to those individuals who have successfully completed a training program pursuant to <u>ARSD 20:48:04.01:14</u>. An application along with required documentation must be submitted to the Board of Nursing for approval. Written notice of approval or denial of the application will be issued upon receipt of all required documents. Send completed application and supporting documentation to: South Dakota Board of Nursing; 4305 S. Louise Ave., Suite 201; Sioux Falls, South Dakota 57106-3115

	7					
Name of Institution:	litan Si	iciety to	oward			
Name of Primary Instructor:	Trabin	y & Pisa	Hofman			
Address: 300 W. Homel Ave	1 Waste		210			
address: 900 00 trouger 1100	TOUVER	2, 10 51	349			
					- 1	
Phone Number: 605 - 172 - 4481		Fax Numb	er: <u>635 - 7</u>	72 -40	184	
E-mail Address of Faculty: (157620	e and-	Sam. Om				
7 703						
Request re-approval using the following records using the Enrolled Student Log form 2011 SD Community Mental Health Fact Gauwitz Textbook – Administering Medi Mosby's Texbook for Medication Assista Nebraska Health Care Association (2010) We Care Online List faculty and licensure information:	m. ilities (only apprications: Pharmnts, Sorrentino) (NHCA) For new_RN fa	oved for agencies on acology for Healt Remmert (200 aculty: 1) attach re	ertified through the Dep h Careers, Gauwitz (2 9)	artment of Sc 2009)	ocial Servio	ces)
clinical RN experience, and 2) attach a new	V Curriculum A _l	oplication Form id	entifying areas of tea RN LICENSE	ching.		
RN FACULTY/INSTRUCTOR NAME(S)	State	Number	Expiration Date	Verificat	ion	
M Tall				(Complet	ted by SDL	BQN)
Monica Mabing	SD	K019067	1121/14	(X)	othr	
Lisa Hottman	SD	R028623	3/31/13	0.00		
Complete evaluation of the curriculum / pro	ogramı (Firelei	10/0/ 2000000000000000000000000000000000				
Complete evaluation of the curriculum / pro	ogram: <i>(Explai</i>	n 'No' responses on	a separate sheet of pap	er.)	Voc	No
Standard				er.)	Yes	No
Standard L. Each person enrolled in your program ha	nd a high schoo	ol diploma or the e	equivalent.		Yes	No
Standard 1. Each person enrolled in your program ha	nd a high schoo	ol diploma or the e	equivalent.		Yes	Nó
Each person enrolled in your program haYour program was no less than 16 classr of 20 hours.	nd a high schoo room hours and	ol diploma or the e d 4 hours clinical/l	equivalent. aboratory instruction		Yes	Nó
 Each person enrolled in your program ha Your program was no less than 16 classr of 20 hours. Your program's faculty to student ratio d 	nd a high school coom hours and id not exceed	ol diploma or the ed to the distance of the di	equivalent. aboratory instruction / lab setting	for a total	Yes	No
 Each person enrolled in your program ha Your program was no less than 16 classr of 20 hours. Your program's faculty to student ratio d validation. 	ad a high school room hours and id not exceed : id not exceed :	ol diploma or the ed 4 hours clinical/l 1:8 in the clinical 1:1 in skill perforn	equivalent. aboratory instruction / lab setting nance evaluation /cor	for a total	Yes	Nó
 Each person enrolled in your program ha Your program was no less than 16 classr of 20 hours. Your program's faculty to student ratio d Your program's faculty to student ratio d validation. Each student's performance was documed 	ad a high school room hours and id not exceed : id not exceed :	ol diploma or the ed 4 hours clinical/l 1:8 in the clinical d 1:1 in skill perform	equivalent. aboratory instruction / lab setting nance evaluation /cor	for a total	Yes	Nó
 Each person enrolled in your program ha Your program was no less than 16 classr of 20 hours. Your program's faculty to student ratio d Your program's faculty to student ratio d validation. Each student's performance was documed 	id a high school room hours and id not exceed id not exceed ented using the Student Log(s)	ol diploma or the ed 4 hours clinical/l 1:8 in the clinical d 1:1 in skill perform	equivalent. aboratory instruction / lab setting nance evaluation /cor	for a total	Yes	No
 Standard Each person enrolled in your program had 2. Your program was no less than 16 classr of 20 hours. Your program's faculty to student ratio devalidation. Each student's performance was documed. You maintain records using the Enrolled Faculty Signature: 	ad a high school coom hours and id not exceed id not exceed id not exceed id not exceed is ented using the Student Log(s)	ol diploma or the ed 4 hours clinical/l 1:8 in the clinical / 1:1 in skill perform SD clinical skills of form. Date:	equivalent. aboratory instruction / lab setting nance evaluation /cor	for a total	Yes	No
 Standard Each person enrolled in your program had 2. Your program was no less than 16 classr of 20 hours. Your program's faculty to student ratio downlined. Your program's faculty to student ratio downlined. Each student's performance was documed. You maintain records using the Enrolled. Faculty Signature: See Formance. 	ad a high school coom hours and id not exceed id not exceed id not exceed id not exceed is ented using the Student Log(s)	ol diploma or the ed 4 hours clinical/l 1:8 in the clinical / 1:1 in skill perform SD clinical skills of form. Date: The dof Nursing	equivalent. aboratory instruction / lab setting nance evaluation /cor checklist form.	for a total	Yes	No
 Standard Each person enrolled in your program had 2. Your program was no less than 16 classr of 20 hours. Your program's faculty to student ratio down and the student ratio down and the student's performance was documed. Each student's performance was documed. You maintain records using the Enrolled of the student of the student of the student. Faculty Signature: See formal the Enrolled of the student of the student. Date Application Received: See formal the student of the stude	ad a high school coom hours and id not exceed id not exceed id not exceed id not exceed is ented using the Student Log(s)	ol diploma or the ed 4 hours clinical/l 1:8 in the clinical / 1:1 in skill perform SD clinical skills of form. Date: d of Nursing Date Notice S	equivalent. aboratory instruction / lab setting nance evaluation /cor checklist form.	for a total	Yes	No
 Standard Each person enrolled in your program had 2. Your program was no less than 16 classr of 20 hours. Your program's faculty to student ratio downliation. Each student's performance was documed. Your maintain records using the Enrolled of Faculty Signature: Faculty Signature: Date Application Received: Tour program's faculty to student ratio downliation. 	ad a high school coom hours and id not exceed id not exceed id not exceed id not exceed is ented using the Student Log(s)	ol diploma or the ed 4 hours clinical/l 1:8 in the clinical / 1:1 in skill perform SD clinical skills of form. Date: d of Nursing Date Notice S	equivalent. aboratory instruction / lab setting nance evaluation /cor checklist form.	for a total	Yes	No
 Standard Each person enrolled in your program had 2. Your program was no less than 16 classr of 20 hours. Your program's faculty to student ratio devalidation. Each student's performance was documed. You maintain records using the Enrolled of Faculty Signature: Section to be completed by the South Date Application Received: 	ad a high school coom hours and id not exceed id not exceed id not exceed id not exceed is ented using the Student Log(s)	ol diploma or the ed 4 hours clinical/l 1:8 in the clinical / 1:1 in skill perform SD clinical skills of form. Date: d of Nursing Date Notice S	equivalent. aboratory instruction / lab setting nance evaluation /cor checklist form.	for a total	Yes	No



South Dakota Board of Nurs

55 S. Louise Avenue Sulte 201; Sicrox Falls, SD: 57,106-31 5) 362-2760; Pax: 362-2768; www.state.sd.us/doh/nus



the Beard of Nursing for approval. Written notice in approval of denial of the application will be issued upon ine of all required documents. Send completed application and supporting documentation to: South balance Bear Nursing 43th S. Louise Ave., Suite: 2015 South balance Bear Nursing 43th S. Louise Ave., Suite: 2015 South balance Bear Nursing 43th S. Louise Ave., Suite: 2015 South balance Bear Nursing 43th S. Louise Ave., Suite: 2015 South balance ST. Louise South balance Bear Nursing 43th S. Louise Ave., Suite: 2015 South balance St. Louise South balance South balance St. Louise South balance South balance South balance St. Louise South balance So	40 x .	120	2	2	A	字!	1.7	F*	i	٦.	\Box	720	LE	П	۳	10	ران	iu	1 12	5	3	급	Ö
Wusing for approval. Written notice of approval of design of the appinciation will be issued upon documents. Send completed application and supporting documentation to: South Calona 15.5. Louise Ave., Suite 201, Slour Falls, South Dalora 57,06-3115. South Calona 16.5.	Medication: administration may be delegated only to those individuals who have successfully completed a traingular program pursuant to ARSD 20:48:04:01:14. An application along with required documentation must be submitted the Board of Nursing for approval. Written inches of appropriate of Nursing for approval.	all require	me of Instit	me of Print	dress 3	one Numbe	nati Address	Request in	Methasi	List faculty		N FACULTY/	TODILCO		Complete e	Purple	Your prog	Your proc	Policial mon	NIET TOX	and Aymon	enction to	ate Anolicat
or approval. Written notice of approvint of dental of the application will be issued upports. South completed application and supporting documentation to: South Calcola is a Ave., State 2011; Sloux Fells, South Calcola is a Ave., State 2011; Sloux Fells, South Calcola is a Ave., State 2011; Sloux Fells, South Calcola is a Ave., State 2011; Sloux Fells, South Calcola is a Ave., State 2012; Annual Calcola is a Aver., Calcola is a Aver., State 2012; Annual Calcola is a Aver., Calco	dininistra Lant to L	15.5. Logie	ution: 6	Ny Instance		· L ·	of Faculty	e-approva	Textbook Lichapki	and licen		DUSTRUCT	- Karl		aluation of		U SEM UIEM	ram's racu	TOTAL STOCK	ain records	nature:	be compl	ion Receive
Written notice of approxical of denial of the application will be issued upon completed application and supporting documentation to: South Dators is the 2013 South Dators is provided in South Dators is the 2013 South Dators is South Dators is the 2013 South Dators is South Dators is South Dators is South Dators is South Dators in South Dators is South Dators in South South South Dators in South South South Dators in South South Dators in Sout	Son may l	nts. Send e Ave., Su	POG .			リフロ	LISE T	using the	- Administration - Associate	sure infon		SHAWERS	15/0		the curricu		o less than	y in stude	ay co-scude	arding the	2	cod by th	d.
Intelles of approvided of derital of the application for South Delicate Upporting documentation to: South Delicate 17106-31151 Landication and supporting documentation to: South Delicate 17106-31151 Landicate 17106-31151 Landi	be delegat	complete the 201; Si	/ W S		[13/10-	(A) (C)	following Log farm	ring Medica to Auditapi ton (2010)	mation: 6			-		porq / mul		16 classroo	tratio did	IC LODIO CHO	TO COUNTY OF	Q	South D	
approvial of denial of the application will be issued upon and supporting documentation to: South Calcula is South Calcula in South Calcula in South Calcula in South Calcula in South Calculation in Control of South Calculation in Calcul	ed only to	d applicable	417	A VICTORY			H_	approved	(NHCA)	OF DEEL RAV		State	SE		මා (පිතම		on hours acho	Mot exceed	Meaning 100	(c) Purish Co		ikota Boa	
of denial of the application will be issued upon propring documentation to: South Datoria is one of proving documentation to: South Datoria is one of proving documentation to: South Datoria is one of proving documentation is expected to retain program (\$): (Each program is expected to retain program (\$): (Each program is expected to retain program (\$): (Each program is expected to south program (\$): (Each program is expected to retain (\$): (Each progra	those in	on and sy South Dail	M	1	DATE TO	7	105	curriculun	micology I	Cadlor Di	Administra	L			de Silve et		of diploma	1:8 in the	1.11 in 50	סותם נוע פ	6	n of Non	Calcul
of the application to: South Daloria BG-1151 South South Daloria BG-1151 South	dividuals	pporting of deniar	Clerk	300	COST	x Number	D.Co	(s): (zao	ert (2009)	attack resi	r. wall facility	· j		-	e to team		or the equ	clinical / le	performan	N SWIS CHO	1		Table Clark
Scuth Estada De Issued upor dan to Scuth Estada E Islanda E Island	who have	or the app	ーナ	8	5789	202	3	meidaid	PLEEZ C	ma/want/	RNEG	expiration (ente entrace	133	walerit mai	ti setting	on evaluat	culst form	18/1		V V V
South Balona Bal	Successi	ACCION NO.	N S N	מיטיא	9	-773		Contract of	002) Zilwin	CO/M YEATER	3SNE		973		ed paper)	AN BANK	TUCION TO	E. P. Marie	on (compe	100			
Cd upon	ully comp	South D		20	c	された		(nimen as i	25	dence	19	Verification			::				renicy .			. 1	
1875 5 1 (14) (14) (14) (14) (14) (14) (14) (1	leted a t	ed upon red alcota Boar					- 1	ueidas		a michael		n SOBON				Yes No		4		1	1		

South Dakota Board of Nursing

Curriculum Content Application Form: Nebraska Health Care Association (NHCA)
Agency/Facility Name:

This form provides primary instructors a guide on how to teach the content of the NHCA curriculum with approximate time frames. Complete column 4 with the name of RN(s) responsible for teaching each content area. Submit completed form to BON with your Medication Administration Training Program Application.

Curriculum Requirements Pursuant to ARSD 20:48:04.01:15	Content Outline	Time Frame	RN Instructor	Teaching Methodology Used May include: lecture, self-study, online, case study
1) General information relevant to the administration of medications, including: a) Governmental regulations related to the practice of nursing, the administration of medication, and the storage, administration and recording of controlled substances; b) Ethical issues; c) Terminology, abbreviations and symbols; d) Mediation administration systems; e) Forms of medication; f) Procedures and routes of medication administration; g) Medication references available h) The role of unlicensed assistance personnel in administering medications i) The five rights of medication administration; right patient, right medication, right dose, right time, right route and j) Infection Control policies and procedures	1. General Information: Governmental regulations related to medication administration SD Specific Legal Requirements (Information in text specific to NE may be omitted). Handling medications, reasons medications given Ethical issues Terminology and abbreviations Medication storage and packaging Controlled substances Medication administration (MAR) systems Forms of medication; basic pharmacology Procedures and routes of medication administration (oral, SL, buccal, topical, eye, ear, nose, inhaled, vaginal, rectal) Medication references — PDR Nurses Drug Handbook Roles and responsibilities of medication assistants and nurses; Five rights of medication administration: right patient, right medication, right dose, right time, right route	6.5 hrs		Methodology: lecture, power point, self-study, text and videos as desired. Videos from NHCA-LC library (as desired) Group discussion on text reading and flash cards (see appendix) Required text: Medication Adie Training Manual (NHCA-LC) General Information Section: SD Specific Legal Requirements document (available at www.nursing.sd.gov) Text units 1, 2, appendix forms, MAR, and reference list for resources Videos from NHCA-LC library (as desired) Group discussion on text reading Flash cards (see appendix)
Unit Test (ARSD 20:4804.01:14 – Tests are developed for each unit in curriculum, including a final test. A passing score of 85% is required on each unit test with an opportunity to retake each test one time. If a student fails on retake, additional instruction is required before further testing is allowed.	Administer tests for units 1 and 2.	0.5 hr		Combine scores on Unit 1 and 2; minimum of 30 correct responses to obtain passing score of 85%, may retake exams once. (RN primary instructors are expected to maintain the NEHA Student Log Form for their students.)

2) An overview of the major categories of medications related to the body systems, including: a. Cardiovascular; b. Endocrine; c. Gastrointestinal; d. Integumentary; e. Musculoskeletal; f. Nervous; g. Reproductive h. Respiratory i. Sensory j. Urinary; and k. Immune	2. An overview of body structure, function, life span, all systems listed, mental health, seizure disorders, pain, hypertension, dysrhythmias, angina, PVD, heart failure, diuresis, thromboembolic diseases, nausea, vomiting, constipation, diarrhea, diabetes, thyroid disease, steroids, hormones, eye disorders, cancer, muscle and joints, infections, nutrition, dietary and herbal.	7.5 hrs		Text units: 5 Musculoskeletal 6 Integumentary 7 Urinary Administer test for units 5, 6, 7 8 Circulatory 9 Respiratory 10 Nervous system Administer test for units 8, 9, 10 11 Digestive system 12 Endocrine/reproductive 13 Sensory system Administer test for units 11, 12, 13
Unit Test (ARSD 20:4804.01;14)	Administer tests as described in 5 th column above: • Administer test for units 5, 6, 7 • Administer test for units 8, 9, 10 • Administer test for units 11, 12, 13	1.5 hr		Combine scores on unit tests 5, 6, 7; minimum of 28 correct responses to obtain passing score of 85%, may retake once. Combine scores on unit tests 8, 9, 10; minimum of 36 correct responses to obtain passing score of 85%, may retake once. Combine scores on unit tests 11, 12, 13 minimum of 28 correct responses to obtain passing score of 85%, may retake once.
Additional instruction shall include those categories of medications relevant to the healthcare setting where the unlicensed person will be employed; and	Additional instruction may include those categories of medications relevant to the employed healthcare setting.		000000	Unit 14 PRN medications: vaginal route and rectal routes (all content in manuals on injectable routes and medications and medications administered via a tube should NOT be included as nurses may not delegate these functions in SD)
4) Clinical or laboratory instruction for the purpose of demonstration of medication administration and evaluation of individual competence. (ARSD 20:48:04.01:14 Faculty-to-student ratio cannot exceed 1:8 in clinical setting. A 1:1 ratio is required for skills performance evaluation.)	Clinical/laboratory instruction provided with required RN faculty-to-student ratio of 1:8; Skills performance evaluation completed by RN with required 1:1 faculty-to-student ratio.	4 hrs	Trobby Listman	RN instructor completes required <u>Skills</u> <u>Performance Evaluation</u> form for each student that passes tests. (Additional checklists may also be completed as desired.)
Required hours: 16 classroom instruction + 4 laboratory instruction 20 hours				

SD BON Reviewer Use Only	018112	¥	
Date Application received:	01212	Criteria Met: Yes No; reason denied:	
BON Staff Representative:	Delathan		
	1 09 110 10		